

# ARIZONA STATE BOARD OF NURSING (ASBN)

## APPLICATION INSTRUCTIONS FOR RN / LPN LICENSURE BY ENDORSEMENT

(Applying for licensure when previously licensed in another state.)

Arizona is a Compact State. If your Primary State of Residency is in another Compact State (AZ, AR, DE, ID, IA, ME, MD, MS, NE, NH, NM, NC, ND, SC, SD, TN, TX, UT, VA, WI), you should **not** apply for licensure in AZ unless you are declaring AZ as your Primary State of Residency. (See [www.ncsbn.org](http://www.ncsbn.org) for a list of Compact States.)

### **FEES** All fees submitted must be in US dollars and **ARE NOT REFUNDABLE.**

- The application fee is \$150.00; the fingerprint fee is \$43.00 for a total of \$193.00. The license is good for 4 years. If you have submitted fingerprints to the ASBN within the past 2 years, there is no need to resubmit a fingerprint card.
- An optional fee of \$35.00 is required for a temporary license (in addition to the application and fingerprint fee of \$193.00) for a total of \$228.00.
- Fees may be paid by money order or check. All personal checks **must** be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. **A \$50.00 fee will be charged for checks returned because of insufficient funds.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.

**ADDRESS** The **home/primary state of residence** address must be completed. This address must reflect where you vote, pay taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

### **OPTIONAL TEMPORARY LICENSE** (form available in application packet)

- Applicants are eligible for a temporary license if they:
  1. Submitted a completed application, including a completed fingerprint card, and paid the applicable fees. (See Fingerprint section, page 2.)
  2. Submitted a request for temporary license and paid applicable fee.
  3. Did not answer "yes" to questions about disciplinary actions or felonies.
  4. Included a copy of a current license in good standing from another state or territory of the U.S.
  5. Passed NCLEX or SBTPE.
  6. Have no disciplinary actions noted in databank.
  7. Practiced as a nurse for 960 hours or more in the past 5 years **or** completed an Arizona Board approved refresher course in the past 5 years **or** obtained an advanced nursing degree in the past 5 years, **or** graduated from a nursing program in the past 5 years.
  8. Armed Forces Nurses – Military transcripts.

### **OR**

Provide documentation that you have enrolled in an Arizona Board approved refresher course. (The temporary license would be "for refresher course only.")

- A temporary license can be obtained within 48 hours of request **if all the following criteria are met:**

**ATTENTION:** Fee for obtaining a temporary license within 48 hours is **\$50.00 for a total of \$243.00.**

1. **You** hand carry to the Board office a completed application, including a completed fingerprint card and applicable fees.
  2. **You** have written documentation on employer's letterhead stating a specific hire date starting within 7 days.
  3. **You** meet all the requirements making you eligible for a temporary license. (see previous paragraph)
  4. You have **NOT** mailed in an application to the Board for the same licensure.  
(Applications for temporary licenses that are mailed to AZBN are processed in the order they are received.)
- Before a temporary license can be issued to a Foreign Graduate, a copy of the letter from CGFNS/IERF stating the ID # must be provided to AZBN.
  - If you apply by mail and qualify for a temporary license, allow approximately **1-2 weeks** for processing. The temporary license will be mailed to the address on your application. A temporary license can be held at the Board office for you to pick up, if you submit a written request with your application. The temporary license expires in 6 months. If the results of your fingerprint check show a positive criminal history, an investigation may be initiated and your temporary license will not be extended until the investigation is complete. Investigations may take 6 months.
  - If you receive a temporary license and have not received a permanent license at least 10 days before the temporary license is due to expire, call the Endorsement Office, Paula Delphy (602) 889-5192 to request an extension. Permanent licensure may take 1-2 months.

**OPTIONAL CONFIRMATION** If you want confirmation of the date that your application has been received by AZBN, complete the postcard enclosed in your application packet, with your name/address and **postage**. (Postcard is **not** available when downloading the application from the website.) Receipt of a postcard indicates that your application was received and **does not** reflect the status or any Board decision on your application. **Unstamped postcards will not be mailed.**

**FELONY CONVICTIONS** Pursuant to A.R.S. § 32-1606(B)(17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES** Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at [www.azbn.gov](http://www.azbn.gov).

### **FINGERPRINTING**

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for initial licensure is required to submit a full set of fingerprints with the completed application.
- If you download an application off of the website ([www.azbn.gov](http://www.azbn.gov)) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- A temporary license will **not** be issued until a completed application **AND** a completed fingerprint card is received.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive permanent licensure until these results are received.

### **VERIFICATION OF YOUR ORIGINAL LICENSE**

1. If your **original** state of licensure was in one of the specific states listed on page 10, complete the **NURSYS** License Verification Request Form (page 11) and send it to National Council of State Boards of Nursing. (This includes foreign educated nurses who are licensed in the US). National Council will return the verification directly to the Arizona State Board of Nursing.
2. For all other states not listed on page 10, complete the Arizona State Board of Nursing Verification Form (page 8) send form and correct fee to your **original state** of licensure. (This includes foreign educated nurses who are licensed in the US). The original state will return the verification form directly to the Arizona State Board of Nursing. **FAXES ARE NOT ACCEPTED.**
3. Most states require a fee for verification of licensure. Check with your original state of licensure to find out the appropriate fee **BEFORE** sending the verification form (see page 9 for addresses of state boards).
4. It is **YOUR** responsibility to ensure that the Arizona State Board of Nursing receives the verification form from your original state of licensure. A permanent license cannot be issued without this verification form.

## TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

## LICENSING TIME FRAMES TABLE

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
(WITHOUT INVESTIGATION)						
By Endorsement	R4-19-302	150 days	30 days	270 days	120 days	150 days
Temporary License	R4-19-303	60 days	30 days	60 days	30 days	90 days
(WITH INVESTIGATION)						
By Endorsement	R4-19-302	270 days	30 days	270 days	240 days	150 days
Temporary License	R4-19-303	90 days	30 days	60 days	60 days	90 days

**Please NOTE:** When you submit an application, the Board will send you a deficiency notice identifying elements of the application process which remain outstanding. For assistance with the application process for licensure, call Paula Delphy (602) 889-5192. If you fail to respond to a deficiency notice within the applicable time period, your application will be withdrawn. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.

## REQUIREMENTS FOR LICENSURE BY ENDORSEMENT IN ARIZONA

If you have previously been licensed in AZ, you need to complete a renewal application, **NOT** an endorsement application.

### **PROFESSIONAL NURSES EDUCATED IN USA OR TERRITORIES**

To be eligible for RN licensure you must:

1. Hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program.
2. Have a passing score on the National Council Licensure Examination (NCLEX-RN), **or** have a score of 1600 on the NCLEX-RN®, if the examination was taken prior to July 1988, **or** have a score of not less than 350 on each part of the State Board Test Pool Examination (SBTPE) for professional nurses.
3. Previous or current license in another state or territory.
4. Have practiced as a nurse for 960 hours or more in the past 5 years **or** has completed an Arizona Board approved refresher course in the past 5 years **or** obtained an advanced nursing degree (i.e. RN → BSN, masters or doctorate) in the past 5 years, **or** have graduated from a nursing program within the past 5 years.
5. Excelsior graduates enrolled after 9/1/06, who have not practiced for 960 hours as an RN in another state must request the school to submit transcripts directly to ASBN showing completion of 120 hours Clinical Nursing Course.

### **PRACTICAL NURSES EDUCATED IN USA OR TERRITORIES**

To be eligible for LPN licensure you must:

1. Hold a Diploma or Certificate from an approved practical nursing program.
2. Have a passing score on the National Council Licensure Examination NCLEX-PN, **or** have a score of not less than 350 on the NCLEX-PN, if the examination was taken prior to October 1988, **or** have a score of not less than 350 on the State Board Test Pool Examination (SBTPE) for practical nurses.
3. Previous or current license in another state or territory.
4. Have practiced as a nurse for 960 hours or more in the past 5 years **or** have completed an Arizona Board approved refresher course in the past 5 years **or** have obtained an advanced nursing degree (i.e. LPN → RN).

**Exceptions** to the practical nurse requirements above:

1. The first SBTPE for Vocational Nurses given in the state of **TEXAS** was in 1952 for one year only. From 1953 through 1967, a state constructed exam was given. Texas started the SBTPE again in 1968. Vocational Nurses therefore must have taken the examination in **1952** or **1968** to the present. If the applicant did not take and pass the examination in 1952 and has not taken and passed the examination since 1968, the applicant must request an application for examination.
2. Vocational Nurses requesting endorsement to Arizona from **CALIFORNIA** may be accepted if they took the SBTPE and passed before **June 1974** or the NCLEX-PN® after **April 1986**. If the applicant did not take and pass the SBTPE before June of 1974, and the applicant did not take and pass the NCLEX-PN® after April of 1986, the applicant must request an application for examination.
3. State Board Constructed Exams in **any** State or US territory are not accepted in Arizona.
4. **Armed Forces Practical Nurses:** (Transcripts required to verify)  
Graduates from the School of Health Sciences at Sheppard Air Force Base, Texas between 1970 and 1976 were approved by the National League for Nursing. Vocational nurse applicants are eligible for licensure by endorsement if they graduated in the above years and passed the SBTPE.

If the candidate graduated from the Army Practical Nurse Program (1 Year) at Fort Sam Houston, Texas, and passed the SBTPE or the NCLEX-PN®, then the program is accepted by the Arizona State Board of Nursing and applicants are eligible for licensure by endorsement.

The Navy has never applied for approval of a Practical Nurse Program to the Arizona State Board of Nursing, therefore applicants are not accepted into Arizona by endorsement.

**For permanent RN or LPN licensure in AZ, the Board must receive:**

**(Processing may take 1-2 months)**

- A completed application and fees
- Verification of licensure from your original state of licensure
- DISCIPLINE IN ANOTHER STATE OR TERRITORY
- Fingerprint results from the Arizona Department of Public Safety and the FBI
- Board approval for applicants who were investigated

If you have ever had disciplinary action taken against your license, you must provide ASBN with this information regarding the action taken, i.e. letter, consent agreement etc. This may delay licensure in Arizona.

## **REQUIREMENTS FOR RN/LPN ENDORSEMENT APPLICANTS**

### **EDUCATED IN A FOREIGN COUNTRY (Including Canada and \*Puerto Rico)**

(Note: Endorsement means nurses who are licensed in another US state or Territory and wish to apply for licensure in Arizona.)

**FOR A PROFESSIONAL OR PRACTICAL NURSE TO OBTAIN LICENSURE BY ENDORSEMENT YOU MUST MEET THE REQUIREMENTS LISTED FROM A → F.**

It is to your advantage not to apply for licensure until you have completed the validation of education requirements process or received a copy of the evaluation report. Because these processes are lengthy, the timeframe for your application may expire before the information is received.

#### **A. Validation of Educational Requirements**

- Request an application from Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain **one** of the following:
  1. The Health Care Professionals Course by Course Report
  2. The Full Education Course by Course Report
  3. VISA screen certificate
  4. CGFNS Certification (Option not available for foreign educated practical nurses.)

**If you choose to obtain 1, 2, 3, or 4, please note that a temporary license will not be issued unless the Arizona State Board of Nursing has received a CGFNS ID number (assigned by CGFNS upon receipt of your application to CGFNS) verifying you have applied to CGFNS.**

If you have requested a CES report (i.e., option #1 or 2) you will be sent a copy of the report when a copy is sent to AZBN. CGFNS does **not** send a copy of the VISA screen or the CGFNS certification to you (i.e., option #3 or 4).

#### **OR**

- Request an application from International Education Research Foundation (IERF) to complete an educational equivalency report. IERF will send you a copy of the report when a copy is sent to ASBN.

#### **OR**

- Request (or download) an application from Educational Records Evaluation Services (ERES) to complete an Education Evaluation for Nursing Licensure. ERES will send you a copy of the report when a copy is sent to ASBN.

#### **OR**

- Have the Canadian licensure board submit a passing score on the English language version of the CNATS or CRNE (Canadian Licensure Exam) **and** verification of Canadian licensure status directly to ASBN.

**Commission on Graduates  
of Foreign Nursing Schools**  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone: 215-349-8767  
Website: [www.cgfns.org](http://www.cgfns.org)

**International Education Research  
Foundation**  
P.O. Box 3665  
Culver City, CA 90231  
Phone: 310-258-9451  
Fax: 310-342-7086  
E-mail: [information@ierf.org](mailto:information@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

**Educational Records Evaluation  
Services**  
601 University Avenue, Suite 127  
Sacramento, CA 95825-6738  
Phone: 916-921-0791  
Toll-free: 866-411-ERES  
Fax: 916-921-0793  
Email: [edu@eres.com](mailto:edu@eres.com)  
Website: [www.eres.com](http://www.eres.com)

#### **B. Validation of English Language Skills**

- If you have graduated from a nursing program in a country or territory where the principle language is English, i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territory, you do not need to validate your English language skills.
- If the principal language of the country where your nursing program was given is a language other than English, you are required to obtain one of the following options. All test results must be sent by the testing company directly to ASBN.
  1. Test of English as a Foreign Language (**TOEFL**) – minimum score of 207 on the computer based version **AND** Test of Spoken English (**TSE**) – minimum score of 50.

#### **OR**

Paper-based **TOEFL** – minimum score of 540 **AND** Test of Spoken English (**TSE**) – minimum score of 50.

#### **OR**

The Internet-Based (**iBT**) **TOEFL** – minimum score of 76.

To have results sent to Arizona State Board of Nursing, use the code 9680 when completing your application.

#### **For TOEFL and TSE Testing Information Contact**

**Educational Testing Services**  
PO Box 6151  
Princeton, NJ 08541-6151 USA

Phone: 1-877-863-3546  
Fax: 1-609-771-7500  
Email: [TOEFL@ETS.org](mailto:TOEFL@ETS.org)  
Website: [www.toefl.org](http://www.toefl.org)

#### **OR**

2. International English Language Test Service Academic Examination (**IELTS**) – minimum score of 6.5 on the Overall Band Score and 7.0 on the Speaking Score.

**For IELTS Testing Information Contact**

**IELTS, INC.**

100 East Corson Street, Suite 200  
Pasadena, CA 91103

Phone: 1-626-564-2954  
Fax: 1-626-564-2981  
Email [ielts@ieltsintl.org](mailto:ielts@ieltsintl.org)

**OR**

3. Test of English in International Communication (**TOEIC**) – minimum score of 725 **AND** Test of Spoken English (**TSE**) – minimum score of 50.

**For TOEIC Testing Information Contact**

**TOEIC** Testing Program  
Educational Testing Service  
Rosedale Road  
Princeton, NJ 08541

Phone: 1-609-771-7170  
Fax: 1-609-734-1560  
[www.TOEIC@ets.cin](http://www.TOEIC@ets.cin)

**OR**

4. Visa Screen Certificate from **CGFNS** (see prior information to contact CGFNS)

**OR**

5. A **CGFNS Certificate** **AND** a score of 50 on the Test of Spoken English (**TSE**).

**OR**

6. Evidence of being employed as a nurse for at least 960 hours within the past 5 years in a country or territory where the principal language is English i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territory. (Copy of work records can be included with your applications.)

**NOTE:** Validation of educational and language requirements must be received from the original source. Copies of certification, reports, and English Language Test results submitted by the applicant are not sufficient to validate completion of the requirements.

**C. Validation of Practice**

- Has practiced nursing for a minimum of 960 hours in the 5 years before the date on which the application was received.

**OR**

- Has completed a nursing education program and obtained a degree within past 5 years.

**OR**

- Has satisfactorily completed an Arizona Board approved refresher course within the past 5 years. (Go to – [www.azbn.gov](http://www.azbn.gov) for list of approved refresher courses.)

**OR**

- Obtained an Advanced Nursing degree or Advance Practice Certificate within the past 5 years (i.e. RN →BSN, masters, or doctorate).

**\*APPLICANTS EDUCATED IN PUERTO RICO:**

Applicants who have graduated **before 9/15/06** **AND** their nursing program has a program code assigned by the National Council State Board of Nurses, are eligible to apply for licensure by exam and endorsement. They are NOT required to complete validation of education or language requirement.

Applicants who have **graduated after 9/15/06** are required to request a report from CGFNS/IERF/or ERE (validating their educational requirements) be sent directly to AZBN as well as Validation of English Language requirement..

**D. Passed NCLEX-RN or PN or State Board Test Pool Examination (SBTPE)\*\***

**\*\*If you have passed the SBTPE in Canada, between certain dates you will have met the testing requirement.**

Province	First Administered	Last
Alberta	1954 (September)	1970 (June)
British Columbia	1949 (September)	1970 (April)
Manitoba	1955 (October)	1970 (April)
New Foundland	1961	1970
Nova Scotia	1955 (May)	1970 (August)
Prince Edward Island	1957	1970 (August)
Quebec	1959 (April)	1970 (August)
Saskatchewan	1956 (April)	1970 (April)

**Nurses educated in a foreign country and have not passed NCLEX or SBTPE may apply for licensure by examination.**

- E. Submit proof of licensure** as a graduate registered professional nurse or licensed practical nurse in another state or US territory. This verification must be sent directly to the Arizona State Board of Nursing from your state of **original** licensure. See pages 7-9 to request verification, depending on your state of original licensure.
- F. Submit a completed application packet** including appropriate fees (US dollars), fingerprint card (**only** use card enclosed in application packet).

To obtain an application for RN/LPN ENDORSEMENT  
go to our Website and download an application.  
[www.azbn.gov](http://www.azbn.gov)

Arizona State Board of Nursing  
4747 N. 7<sup>th</sup> Street, Suite 200, Phoenix, AZ 85014-3653  
Phone: 602-889-5150 Fax: 602-889-5155  
E-mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)

**TO FIND OUT THE STATUS OF YOUR APPLICATION**  
**(ALLOW 7-10 days after mailing application)**

GO TO [www.azbn.gov/onlineverification.asp](http://www.azbn.gov/onlineverification.asp)

1. Enter either your Name or SS#
2. Click “Verify”
3. Select your highlighted name
4. License status: Identifies what is still needed in order to issue your license (i.e. Pending – Fingerprint results)

**VERIFICATION FORM****ARIZONA STATE BOARD OF NURSING****4747 N. 7<sup>TH</sup> STREET, SUITE 200****PHOENIX, AZ 85014-3653 (602) 889-5150 FAX (602) 889-5155 Allow 4 weeks for verification to be received by AZ.****PART I:** To be completed by **applicant** and mailed to the State Board of Nursing where **originally** licensed in another state or territory of the United States. (Addresses on back of form)**NAME:** Last First Middle Previous Name(s)**ADDRESS:** Street City State Zip**NAME UNDER WHICH YOU WERE ORIGINALLY LICENSED:** **DATE OF BIRTH:** **SOCIAL SECURITY NO:****GRADUATION DATE:** **LICENSE NO.:** **ORIGINAL STATE OF LICENSURE:****PART 11:** (To be completed by **original licensing board** and returned directly to the Arizona State Board of Nursing). *Please note that most boards charge a fee for this service.*

License No.	Date of Issuance	Expiration Date	Issued by:
_____	_____	_____	Exam: <input type="checkbox"/>
			Endorsement: <input type="checkbox"/>
			Waiver: <input type="checkbox"/> Has any disciplinary action been taken against this license? No <input type="checkbox"/> Yes <input type="checkbox"/>

If yes, date and action: \_\_\_\_\_

Are there any complaints or disciplinary actions pending? No ☐ Yes ☐Is licensee a graduate of an approved school of nursing? No ☐ Yes ☐Name and location of Nursing Program: \_\_\_\_\_  
\_\_\_\_\_

Graduate Date: \_\_\_\_\_ Original name of Licensee: \_\_\_\_\_

License Status: Current ☐ Inactive ☐ Lapsed ☐**STATE BOARD TEST POOL EXAMINATION (SBTPE) OR NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX)**

Registered Nurse Test Series Number \_\_\_\_\_ NCLEX \_\_\_\_\_

MEDICAL

PSYCHIATRIC

OBSTETRICAL

SURGICAL

NURSING OF CHILDREN

**PRACTICAL NURSE TEST FORM NUMBER:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_

Number of times candidate wrote examination: \_\_\_\_\_

It is hereby certified that the facts are stated from official evidence on file in the office of the undersigned in relation to the individual named above.

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Board Seal

Title: \_\_\_\_\_

\_\_\_\_\_  
State Board of Nursing



## PLEASE CONTACT APPROPRIATE BOARD FOR CURRENT FEES REQUIRED ON VERIFICATION

### **ALABAMA**

RSA Plaza, Ste 250  
770 Washington Ave  
Montgomery, AL 36130-3900  
(334) 242-4060  
800-656-5318

### **ALASKA**

Div Of Occup Licensing  
550 W 7th Ave Ste 1500  
Anchorage AK 99501-3567  
(907) 269-8161

### **AMERICAN SAMOA**

American Samoa Health Service  
Regulatory Bd.  
LBJ Tropical Med Ctr  
Pago Pago, AS 96799  
(011) (684) 633-1222

### **ARIZONA**

4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
(602) 889-5150

### **ARKANSAS**

University Tower Bldg  
1123 S. University  
Suite 800  
Little Rock, AR 72204  
(501) 686-2700

### **CALIFORNIA**

CA Bd of Registered Nrsrg  
400 R Street #4030  
Sacramento, CA 95814  
(916) 322-3350  
CA Bd of Vocational Nrsrg &  
Psychiatric Technicians  
2535 Capitol Oaks Dr  
Suite 205  
Sacramento, CA 95833  
(916) 263-7800

### **COLORADO**

1560 Broadway, Ste 880  
Denver, CO 80202  
(303) 894-2430

### **CONNECTICUT**

Board of Examiner for Nrsrg  
PO Box 340308  
Hartford, CT 06134-0328  
(860) 509-7624

### **DELAWARE**

861 Silver Lake Blvd  
Cannon Building, Ste 203  
Dover, DE 19904  
(302) 739-4522

### **DIST. OF COLUMBIA**

DC Board of Nursing  
717 14<sup>th</sup> St, NW, Ste 600  
Washington, DC 20005  
(202) 724-4900  
(202) 727-8471 (fax)

### **FLORIDA**

4052 Bald Cypress Way,  
BIN C02  
Tallahassee, FL 32399  
(850) 245-4125

### **GEORGIA**

237 Coliseum Drive  
Macon, GA 31217-3858  
(478) 207-1640

### **GUAM**

Bd of Nurse Examiners  
PO Box 2816  
Hagatna, GU 96932  
(011) (671) 435-7406

### **HAWAII**

Board of Nursing  
Professional & Vocational  
Licensing Division  
PO Box 3469  
Honolulu, HI 96813  
(808) 586-2695

### **IDAHO**

280 N 8<sup>th</sup> St, #210  
PO Box 83720  
Boise, ID 83720  
(208) 334-3110

### **ILLINOIS**

Dept of Prof Regulation  
James R Thompson Ctr  
100 W Randolph, #9-300  
Chicago, IL 60601  
312-814-2715

### **INDIANA**

Health Professions Bureau  
402 W. Washington St.,  
Room - W066  
Indianapolis, IN 46204  
(317) 234-2043

### **IOWA**

RiverPoint Business Park  
400 SW 8<sup>th</sup> Street, Ste B  
Des Moines, IA 50309-4685  
(515) 281-3255

### **KANSAS**

Landon State Office Bldg  
900 SW Jackson, #1051  
Topeka, KS 66612  
(785) 296-4929

### **KENTUCKY**

312 Wittington Parkway  
Suite 300  
Louisville, KY 40222  
(502) 429-3300

### **LOUISIANA**

Bd of Practical Nurse  
Examiners  
3421 N. Causeway Blvd.,  
Suite 505  
Metairie, LA 70002  
(504) 838-5791

### **LOUISIANA**

LA RN Bd of Nursing  
5207 Essen Lane, #6  
Baton Rouge, LA 70809  
(225) 763-3570 or  
(225) 763-3577  
Fax: (225) 763-3580

### **MAINE**

158 State House Station  
Augusta, ME 04333  
(207) 287-1133

### **MARYLAND**

4140 Patterson Ave.  
Baltimore, MD 21215  
(410) 585-1900

### **MASSACHUSETTS**

Bd of Registration of Nrsrg  
Commonwealth of MA  
239 Causeway St, 2<sup>nd</sup> Fl  
Boston, MA 02114  
617-973-0800  
800-414-0168

### **MICHIGAN**

MI/DCH/Bureau of Hlth  
Professions  
Ottawa Towers North  
611 W. Ottawa, 1<sup>st</sup> Fl  
Lansing, MI 48933  
(517) 335-0918

### **MINNESOTA**

2829 University Ave SE  
Minneapolis, MN 55414-  
3253  
(612) 617-2270

### **MISSISSIPPI**

1935 Lakeland Dr Ste B  
Jackson, MS 39216-5014  
(601) 987-4188

### **MISSOURI**

3605 Missouri Blvd  
PO Box 656  
Jefferson City, MO 65102  
(573) 751-0681

### **MONTANA**

301 S Park  
PO Box 200513  
Helena, MT 59620  
(406) 841-2340

### **NEBRASKA**

DHHS Reg & Licensure  
Nursing & Nrsrg Support  
301 Centennial Mall S  
Lincoln, NE 68509-4986  
(402) 471-4376

### **NEVADA**

5011 Meadowood Mall, #201  
Reno, NV 89502-6547  
775-688-2620

### **NEW HAMPSHIRE**

21 S Fruit Street, #16  
Concord, NH 03301-2431  
(603) 271-2323

### **NEW JERSEY**

124 Halsey St, 6<sup>th</sup> Fl  
PO Box 45010  
Newark, NJ 07101  
(973) 504-6586

### **NEW MEXICO**

6301 Indian School Rd, NE,  
Suite 710  
Albuquerque, NM 87110  
(505) 841-8340

### **NEW YORK**

Education Building  
89 Washington Ave  
2<sup>nd</sup> Floor West Wing  
Albany, NY 12234-1000  
(518) 474-3817 ext 280

### **NORTHERN MARIANA ISLANDS**

Commonwealth Board of  
Nurse Examiners  
PO Box 501458  
Saipan, MP 96950  
(011) (670) 664-4812

### **NORTH CAROLINA**

3724 National Dr, Ste 201  
Raleigh, NC 27602  
(919) 782-3211

### **NORTH DAKOTA**

919 S. 7<sup>th</sup> St., Suite 504  
Bismarck, ND 58504  
(701) 328-9777

### **OHIO**

17 S High St., Suite 400  
Columbus, OH 43215-3413  
(614) 466-3947

### **OKLAHOMA**

2915 N. Classen Blvd.,  
Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

### **OREGON**

800 NE Oregon St.,  
Box 25, Suite 465  
Portland, OR 97232  
(971) 673-0685

### **PENNSYLVANIA**

PO Box 2649  
Harrisburg, PA 17101  
(717) 783-7142

### **PUERTO RICO**

Commonwealth of Puerto Rico  
Board of Nurse Examiners  
800 Roberto H Todd Ave  
Room 202, Stop 18  
Santurce, PR 00908  
(787) 725-7506

### **RHODE ISLAND**

Registration & Nrsrg Educ  
105 Cannon Building  
Three Capitol Hill  
Providence, RI 02908  
(401) 222-5700

### **SOUTH CAROLINA**

110 Centerview Dr., #202  
PO Box 12367 (Zip 29211)  
Columbia, SC 29210-2367  
(803) 896-4550

### **SOUTH DAKOTA**

4305 S. Louise Ave, #201  
Sioux Falls, SD 57106-3115  
(605) 362-2760

### **TENNESSEE**

Cordell Hull Bldg, 1<sup>st</sup> Fl  
426 5<sup>th</sup> Ave. North  
Nashville, TN 37247-1010  
(615) 532-5166

### **TEXAS**

Board of Nurse Examiners  
333 Guadalupe, Ste 3-460  
Austin, TX 78701  
(512) 305-7400

### **UTAH**

Heber M. Wells Bldg  
160 E 300 South 4<sup>th</sup> Flr  
Salt Lake City, UT 84111  
(801) 530-6628

### **VERMONT**

Heritage Bldg  
81 River St  
Montpelier, VT 05609  
(802) 828-2396

### **VIRGIN ISLANDS**

Veterans Drive Station  
St. Thomas, VI 00803  
(340) 776-7397

### **VIRGINIA**

6603 W. Broad St., 5<sup>th</sup> Fl  
Richmond, VA 23230  
(804) 662-9909

### **WASHINGTON**

WA State Nrsrg Care QA  
Commission, Dept of Hlth  
HPQA #6  
310 Israel Rd SE  
Tumwater, WA 98501  
(360) 236-4700

### **WEST VIRGINIA**

WV State Bd of Examiners  
for LPNs  
101 Dee Drive  
Charleston, WV 25311  
(304) 558-3572

### **WV State Bd of Examiners for RPNs**

101 Dee Drive  
Charleston, WV 25311  
(304) 558-3596

### **WISCONSIN**

WI Dept of Reg & Lic  
1400 E. Washington Ave.  
Rm 173  
Madison, WI 53708  
(608) 266-0145

### **WYOMING**

1810 Pioneer Ave  
Cheyenne, WY 82001  
(307) 777-7601  
Verify: 877-626-2681



## FORM INSTRUCTIONS

1. Complete the NURSYS form ONLY if you were **originally** licensed in one of the states listed below. AZ requires verification from your state of **original** license. If you do not need verification of a license from a state listed below, do NOT complete this form. Instead, contact your state board of nursing for verification. (see pages 8-9)

Alaska (AK)	Florida (FL)	Maine (ME)	Missouri (MO)	New Hampshire (NH)	South Carolina (SC)	Vermont (VT)
Arizona (AZ)	Idaho (ID)	Maryland (MD)	Montana (MT)	North Carolina (NC)	South Dakota (SD)	Virginia (VA)
Arkansas (AR)	Indiana (IN)	Massachusetts (MA)	Nebraska (NE)	North Dakota (ND)	Tennessee (TN)	West Virginia (WV) - PN
Colorado (CO)	Iowa (IA)	Minnesota (MN)	New Jersey (NJ)	Ohio (OH)	Texas (TX)	Wisconsin (WI)
Delaware (DE)	Kentucky (KY)	Mississippi (MS)	New Mexico (NM)	Oregon (OR)	Utah (UT)	

2. Only boards of nursing within the United States have access to Nursys. If you need verification of license from a foreign country, please contact your state board of nursing. If you need verification to an agency other than a state board of nursing, please contact your state board.
3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to. **Fees are non-refundable.**

All payments must be in guaranteed funds <b>The only acceptable forms of payment are:</b> <b>Certified Checks</b> <b>Cashier's Checks</b> <b>Money Orders</b> Made Payable to <b><u>NCSBN</u></b>	Return this completed form with payment to:  National Council of State Boards of Nursing 35331 Eagle Way Chicago, IL 60678-1353  <b>DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING</b>
--	--

DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks.

5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys by the end of the next business day of receipt at the National Council. The verification report will remain in Nursys for 90 days, after which it expires. When the Board of Nursing receives your Endorsement Application, the board will access Nursys to verify and licenses held in the states listed in number 1 above. No paper reports are sent from the NCSBN.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the NCSBN.
8. NURSYS information is updated monthly from the participating nursing boards as listed in number 1 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in NURSUS for license verification.
9. If you have questions regarding this form, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.



## LICENSE VERIFICATION REQUEST FORM



Please use blue or black ink. See reverse side for who needs to complete this form and instructions.

### PERSONAL INFORMATION

Soc. Security		Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:	
Maiden Name:	Date of Original License (if within last 6 months)		
Street Address:			
City:	State:	Zip/Post Code:	
Country:	Home Phone:	Work Phone:	

### ENDORSEMENT INFORMATION

*List the license types that you need verified*

License Type  
(check one)

LPN:

☐

RN:

☐

Both LPN & RN:

☐

**Total**  
Verification Fee

\$30.00

\$30.00

\$60.00

**Fees are not refundable**

Acceptable forms of payment: **CERTIFIED CHECK  
CASHIER'S CHECK OR MONEY ORDER.**

**Made payable to:** NCSBN

DO NOT SEND cash, personal checks, business checks, or  
travelers checks.

### LICENSE INFORMATION

*List all license that you have ever held*

	Jurisdiction/State	RN License Number	PN License Number
Original	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____

States applying to: \_\_\_\_\_

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary and related information in **Nursys** for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$\_\_\_\_\_ in guaranteed funds is attached.

**Send this form to National Council of State Boards of Nursing.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this form to:**  
**National Council of State**  
**Boards of Nursing, Inc.**  
**35331 Eagle Way**  
**Chicago, IL 60678-1353**

## RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION.

Check these areas **before** returning your application.

**ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL**

### GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

### EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

### ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, **add** \$35 for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

### ADVANCED PRACTICE OR SCHOOL NURSE APPLICANTS

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> \$135 – <b>Nurse Practitioner fee</b> for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$100 – <b>CRNA Prescribing fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> \$125 – <b>Prescribing &amp; Dispensing Authority fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$35 – <b>School Nurse <u>initial</u></b> certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> \$100 – <b>Clinical Nurse Specialist fee</b> for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)</li><li><input type="checkbox"/> \$25 – <b>School Nurse <u>renewal</u></b> certification fee</li><li><input type="checkbox"/> \$43 – Fingerprint fee</li></ul> |
|--|--|--|

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### ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

REQUEST FOR TEMPORARY LICENSE/AP CERTIFICATE

THIS REQUEST MUST EITHER ACCOMPANY AN APPLICATION  
OR AN APPLICATION MUST ALREADY BE ON FILE.

Fee for Temporary License/Certificate is \$35  
Fee for a Temporary License within 48/hrs is \$50  
(For 48/hr temporary, application and **all supporting documents**  
**MUST be hand carried to Board Office – see Instructions page 1)**

Name \_\_\_\_\_  
LAST FIRST

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YEAR

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
(Mandatory)

Soc. Sec Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Mandatory)

Are you applying for? ☐ RN or ☐ LPN ☐ Endorsement or ☐ Examination ☐ Refresher Course

**ADVANCED PRACTICE:** ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Clinical Nurse Specialist

**You are eligible for a temporary license if you meet the following requirements for your application type.**

**ENDORSEMENT APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have “yes” answers to questions on the last page of the application
- Have included a copy of a current license in good standing in another state
- Passed NCLEX or SBTPE
- No disciplinary action in Databank
- Must have practiced as a nurse for 960 hours or more in the past 5 years, or completed an Arizona Board approved refresher course within the past 5 years or obtained an advanced nursing degree in the past 5 years
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number
- Armed Forces Practical Nurses – transcripts required

**EXAMINATION APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have “yes” answers to questions on the last page of the application
- Have passed NCLEX
- Have negative fingerprint results from AZ Department of Public Safety

**APPLICANTS REQUIRING A REFRESHER COURSE**

- Have submitted application and fee for licensure
- Have enrollment in an Arizona Board approved refresher course
- Have passed NCLEX / SBTPE
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number (for endorsement applicants only)

**ADVANCED PRACTICE APPLICANTS (Includes Nurse Midwives)**

Temporary AP Certificate is available for:

1. **Endorsement** applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) have been issued a temporary Arizona RN license and are waiting for permanent Arizona RN licensure.
2. **New graduate** AP applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) and are awaiting national certification, must:
  - Submit evidence that they have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. (e.g. request certifying agency to send verification directly to ASBN)
  - Provide written authorization to the certifying body to release the certifying examination results to the Board.
3. Have submitted an application, fingerprint card, and fees for certification.

**ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY:**

I attest that I have submitted written authorization to the certifying body to release my examination results to Arizona State Board of Nursing.

\_\_\_\_\_  
Advanced Practice New Graduate Applicant

- **Fees are not refundable.**
- A \$50.00 fee will be charged for checks returned because of insufficient funds.
- **All** personal checks must be pre-printed with your name and address; starter checks will not be accepted.
- Out of country personal checks are not considered US Dollars and will not be accepted.
- If all requirements for a permanent license are met before a temporary license is issued, a permanent license will be issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**ARIZONA STATE BOARD OF NURSING**  
**REGISTERED NURSE/PRACTICAL NURSE**  
**LICENSURE BY ENDORSEMENT**

**SELECT THE LICENSE(S) YOU ARE APPLYING FOR:**

- ☐ RN   ☐ LPN   ☐ Temporary License (refer to the last page\*)  
☐ Advanced Practice Certificate (separate application)

NOTE:   \* If you were previously licensed in Arizona as an RN or LPN, you need to complete a renewal application to activate your RN or LPN license  
\* Check the instructions for appropriate fees  
\* Processing can take 1-2 months for permanent licensure

**PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS**

**1.      APPLICANT'S NAME**

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Former Last Name(s)	
<input type="text"/>	<input type="text"/>

**2.      SOCIAL SECURITY NUMBER      BIRTH DATE (month/day/year)      SEX (optional)**

<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTH CITY	STATE	COUNTRY (ex. USA)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**3.      HOME ADDRESS/PRIMARY STATE OF RESIDENCE      (where you vote, pay federal taxes, obtain a drivers license)**

Street Address Line 1		
<input type="text"/>		
Street Address Line 2	County of Residence	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4.      MAILING ADDRESS      ☐ Same Information As Section 3**

Street Address Line 1		
<input type="text"/>		
Street Address Line 2		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5.      HOME PHONE      CELL PHONE**

( <input type="text"/> ) <input type="text"/> - <input type="text"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
--	--

**OFFICE USE ONLY**

NURSIS Results      License # \_\_\_\_\_  
☐ Neg   ☐ Pos  
Initials \_\_\_\_\_      Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RLEA

6. **TESTING INFORMATION**

In what state or territory did you obtain your **original** license?

What was your original license number?

What was the date of your state exam?

Did you test more than 1 time?

☐ No

☐ Yes

If yes, how many times?

Which test did you take?

☐ SBTPE

(This test was given before 7/1/82)

☐ NCLEX

(This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for licensure in Arizona.

7. **ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?

☐ No

☐ Yes

If yes, did you receive a permanent Arizona license?

☐ No

☐ Yes

If yes, when

8. **NURSING PROGRAM ATTENDED**

Name

City

State

Zip Code

Degree ☐ Licensed Practical Nurse

☐ RN Diploma

☐ RN Associates Degree

☐ BSN

☐ RN Masters

Date of Graduation (month/year)

9. **COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD**

☐ Same Information As Section 8

Name

City

State

Zip Code

Degree: ☐ Licensed Practical Nurse

☐ RN Diploma

☐ RN Associates Degree

☐ BSN

☐ Bachelors Non-Nursing

☐ Masters-Nursing

☐ Masters Non-Nursing

☐ Doctorate

☐ Certification

☐ \*CRNA

Date of Graduation (month/year)

\*To work as a CRNA in Arizona you must complete a CRNA application

10. **Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)**

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification (month/year)

Expiration Date (month/year)

11. **EMPLOYMENT STATUS**

☐ Employed

☐ Not Employed

Employed in Nursing

Employment in a field other than Nursing

PRN/Pool/Registry

Traveler

☐ Full Time

☐ Full Time

☐ Yes

☐ Yes

☐ Part Time

☐ Part Time

☐ No

☐ No

Average number of hours worked per week as a nurse?

**12. LICENSE INFORMATION** List the state/territory, license number, and current status of all nursing licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper

**13. CURRENT EMPLOYMENT OR PRACTICE SETTING**

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone  
 (  )  -

City

State

Zip Code

Employed from (month/year)  /

**14. Check the practice requirement that you meet for licensure (one option must be marked to be eligible for licensure)**

- ☐ I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**
- ☐ I have completed an Arizona Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**
- ☐ I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

**15. If your current employment or practice setting is less than 960hrs in the past 5 yrs, list previous employment**

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone  
 (  )  -

City

State

Zip Code

Employed from (month/year)  /  To  /

**16. OPTIONAL INFORMATION**

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Other





## DISCIPLINARY QUESTIONS

1. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?  
☐ No ☐ Yes If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.
  2. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?  
☐ No ☐ Yes
  3. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?  
☐ No ☐ Yes If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.
- Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question "no"; you would have to answer "yes" and give details on each conviction.**
4. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?  
☐ No ☐ Yes If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.
- FINAL NOTE:** If you answer ed "yes" to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

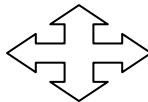
## VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\* FOR A TEMPORARY LICENSE: TAPE A COPY OF A CURRENT LICENSE HERE AND COMPLETE THE "REQUEST FOR TEMPORARY LICENSE" FORM (page 11 of the instruction packet)**



NO STAPLES PLEASE  
SCOTCH TAPE ALL SIDES

**PLEASE STAPLE ALL FOUR PAGES OF THE APPLICATION TOGETHER AND**  
**MAIL TO:** ARIZONA STATE BOARD OF NURSING  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150  
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